

Merv Johnson

## Surviving Small-Town Practice

### SUMMARY

To cope and to survive family medicine in a small town has been, and continues to be, a problem. This article presents one physician's means and methods of staying in a difficult, but extremely exciting, profession. (*Can Fam Physician* 1987; 33:1725-1726.)

### RÉSUMÉ

S'adapter et survivre dans un contexte de pratique familiale au sein d'une petite municipalité a toujours été et continue d'être un problème. Cet article présente les moyens et les méthodes utilisés par un médecin et qui lui ont permis de poursuivre l'exercice d'une profession difficile mais extrêmement stimulante.

**Key words:** family practice, small-town practice

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There are strange things done in the  
midnight sun

By the men who moil for gold  
The arctic trails have their secret tales  
That would make your blood run  
cold<sup>1</sup>

**T**HESE OPENING LINES written by Robert Service in "The Creation of Sam McGee" speak of the "bush madness" that overtakes the isolated Northerner, but they are just as apropos to the isolated small-town physician. For the "back-to-earth" person, small-town Canada may be "where it's at", but for the physician sequestered in a small town, it can be his/her nemesis or nirvana. What follows is not an exhaustive treatise on the subject, but a very subjective and empirical look at survival in a small town.

To those who have worked in a small town it is very common knowledge that many physicians succumb to the rigours of practice and leave within a couple of years. Occasionally they

leave because of a desire for further training, but often their leaving is the short and traumatic end to a very serious struggle to cope in practice.

To put this situation into a clearer perspective, let me "walk you through" the short, small-town struggle. We physicians graduate from medical school with high ideals, limitless ambition, little experience, and great confidence. We also bring to our new position a spouse who has similar dreams, children demanding at least some of our time; and a debt load that is quite frightening to the fledgling physician. The young physician must immediately secure accommodation, invest in a practice, and begin to build a patient load and a reputation. Since, during our training, we have had to devote much time to medicine and to finding financial resources, we have learned very little about the management of practice time and have had little to do with financial management. Before long we have more money than we have ever had and a borrowing capability that staggers our senses and our bank account. This puts us at risk of buying everything and doing anything with little fore- or afterthought.

Although this sudden sense of wealth seems to generate enjoyment and satisfaction, in practice it often marks the beginning of a pleasure-oriented downward spiral. Our medical training teaches us to discipline ourselves to put work and patient care ahead of, and even instead of, our

family cares. In a busy medical practice, a physician can literally become married to his/her practice to the exclusion of—and often the destruction of—his/her family. The enormous amount of time and energy spent in training to the almost complete isolation of the physician-in-training to the surrounding community precludes the development of the balanced skills of living and taking part in a community. The small-town community however, looks to the physician for leadership and experience in every area of life and every community organization. It is a great boost to the physician's ego to be asked to become involved in these various endeavours, and because we have developed little skill in saying no, our few off-duty hours are swamped with even more activities that take us away from home.

This work-meeting treadmill soon traps us into saying yes to every person, patient and project, and gradually our own personal and family needs are shunted to the background. As more and more quality and quantity of time are used outside the home, the cycle of discontent and frustration gradually builds both for the doctor and his/her spouse. Eventually, if something definite is not done, this cycle may lead to alcoholism, drug abuse, divorce, or a decision to leave the community.

My experience and observations may have applications for other practices. I hope that the survival skills I shall suggest will give other new phy-

sicians ideas and insights about staying in small-town Canada. Again, this is not an exhaustive study, but rather some generalities that have worked for my partners and myself. I shall outline a look into three areas: partnership, patients, personal considerations; and I shall deal with these topics in terms of *staying* in a small town.

## Partnership

When I entered practice, I had done very little looking about to see what was considered a good or a poor practice. I now realize how fortunate I was to join a group of physicians with common views and goals. I was immediately told that the medical group expected me to work hard and play hard. This meant that when at work, I was to attack my duties with zeal and energy, and practise to the best of my ability. But when I was off-duty, I was to leave my work completely and to pursue off-time interests with the same vigour. The philosophy of our group is to share our work as much as possible. We also encourage one another to develop special interests in which we complement one another. At work we freely consult with one another and daily learn from one another through constructive criticism.

Our partnership has been set up in such a way that we must take two weeks of postgraduate study leave per year. This requirement has been extremely beneficial because it gets one away from the practice to learn and to interact with other physicians. By this means we gain experience and acquire new ideas, treatments and techniques which we then bring back and share with our partners. Another exciting aspect of our practice has been an arrangement that after every five years we can take a sabbatical leave which allows us to take a lengthy course anywhere in the world. Under this arrangement, one of our partners has already qualified as an ultrasonographer. Another partner is spending this year in the United States, where he is obtaining a Master's degree in counselling. A few years ago I went to Sweden to take a course in anaesthesia. Each of these special areas have fit into our practice very well and are greatly benefiting the community. Being able to plan to get away and to know that you can go adds to the excitement of medicine and confers a real freedom as well. It also keeps the

practitioner in tune with recent developments in medicine.

Our practice group has also regularly taken Family Medicine residents for part of their Family Medicine program. This arrangement provides both an opportunity for helping, sharing with, and teaching these physicians, and a chance for interaction with someone from outside.

Another advantage that our partnership gives is the ability to address problem situations quickly, efficiently, and honestly. By scheduling regular meetings with our office staff, we can stay in tune with difficulties and problems and thereby devise ways to deal with these obstacles and to make our work place more efficient and enjoyable. We get together as physicians once a month to review our financial status, organize work, and plan postgraduate education, leave, and holidays. We have given each partner equal say in the management of the practice. That is, there is no seniority status. This arrangement has made for more harmony and greater ability to get away as we need, and has reduced competition and rivalry. Equal say and regular meetings have done much to defuse problems, develop a better medical service, and help us to cope with practice in a small town.

## Patients

Patient demands can make or break you. The work of meeting the needs and wants of patients can be very taxing and draining. Often the small-town practitioner is both primary physician and back-up physician in situations that he/she may only have heard or read about. Rural physicians may be forced to deal with situations that they do not even know if they are capable of handling. This is one of the pressures that often breaks small-town physicians. Another pressure arises from the patients who make extreme demands on the physician's time. Such patients provide a focus for the masterly art of giving the best medical care one can, while very openly and straightforwardly teaching these patients what the priorities for your time commitments are. At times that can mean confronting patients when their demand for time is unrealistic and then showing them the proper channels and procedures through which to obtain care.

Patient care in a small town can also be a wonderful experience. It takes the physician from delivery to death. We can watch the child we have delivered blossom and grow into an important part of our community. We can develop the deeply satisfying relationships through which trust grows and healing experiences come about. Part of my survival technique in my community is to experience the joys or sorrows of people in whose lives I have an important part and to whom I have developed an emotional closeness. Relationships like this do require hard work, absolute honesty, and time.

## Personal Considerations

The personal area includes one's self, one's family and one's community.

To be an effective physician and to stay in a small town one needs to be healthy in body, soul, and spirit. Physicians often overlook their own physical health. Regular rest, regular exercise and proper diet each play a necessary part. To remain emotionally healthy one must be careful of the need to take time off, to take time away, and to take time from one's regular duties. A practical summary is expressed in the statement: If you are too busy to laugh—you are too busy.

My advice to the small-town physician would be: take the time to cultivate your relationship with your spouse and your family. Treat that relationship as though your life depended upon it—because it does. Their survival is your survival. The older I get, the more I ponder the effect I have had in my world, and what will be important in the final analysis. I realize that it will not be the contribution I have made to medicine, but rather that my family may be able to say: "He was a good husband and father." If my family can honestly say this, I have had a successful life.

Allow yourself some time, in judicious doses, to spend in your community. Always be aware of the pitfalls of community involvement, but be aware of the benefits as well. You *can* make a difference in your community's life and lifestyle. ●

## Reference

1. *The Best of Robert Service*. Toronto: McGraw-Hill-Ryerson Limited, 1940.